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12. Signature of State Agency Official. 13. TYPED NAME: Vason A. Helgerson 14. TITLE: Medicaid Director & Deputy Commissioner Department of Health 15. Date Submitted: May 7, 2012 FOR REGIONAL OFFICE USE ONLY 17. Date Received: 18. Date Approved: August 15, 2012 PLAN APPROVED - ONE COPY ATTACHED 19. EFFECTIVE DATE OF Approved Material: 21. TYPED NAME: Michael Melendez Michael Melendez Mew York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237 New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237 18. Date Approved: 20. Signature of Regional Administrator Division of Medicaid and State Operations 21. TYPED NAME: Michael Melendez Division of Medicaid and State Operations 23. REMARKS: ** Effective April 1, 2011, this amendment proposes to impose utilization thresholds for certain clinic service	11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COVERNOR'S OFFICE ENCLOSED	_	SPECIFIED:
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